

State of Vermont
Comprehensive Quality Strategy Systemic Assessment

Section III State Standards:
Home and Community Based Services

Specialized Health Population:
Developmental Disabilities Services
Global Commitment to Health Managed Care

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BACKGROUND

On January 10, 2014, the Centers for Medicare and Medicaid Services (CMS) issued final regulations regarding home- and community-based settings (HCBS). The rule supports enhanced quality in HCBS programs, outlines person-centered planning practices, and reflects CMS's intent to ensure that individuals receiving services and supports under 1915(c) HCBS waivers, 1915(k) (Community First Choice), and 1915(i) State Plan HCBS Medicaid authorities have full access to the benefits of community living and are able to receive services in the most integrated setting.

The State of Vermont has been particularly progressive in pursuing a home- and community-based continuum of care that offers meaningful community integration, choice, and self-direction, and strives to promote health, wellness, and improved quality of life. In doing so over the years, the State has used many authorities available under the Medicaid State Plan's rehabilitation option, as well as former 1915(c) waivers and Medicaid Section 1115 Demonstration projects. Additionally, guidance and assurances for home- and community-based care in Vermont are codified in statute or placed in rule. As a result, the term "home and community based" is used in Vermont to represent a broad array of services and supports that may not be typical of 1915(c) populations and CMS rules in other states, but that have been authorized under its Section 1115 Demonstration.

Because of Vermont's public managed care delivery system, the State is integrating person-centered planning and integrated community setting assurances into its Comprehensive Quality Strategy for all Specialized Programs. Regardless of the services that beneficiaries choose, Vermont's values are in alignment with the Federal HCBS values. As such, at its discretion and over time, the State's Comprehensive Quality strategy will review the rules and guidance supporting all Special Health Need Populations served under the Demonstration. The ultimate goal of these efforts is to promote enhanced quality in all services provided in community settings authorized under the State Plan and the Global Commitment Demonstration. This report focuses on the Developmental Disabilities Service (DDS) Program.

ELIGIBILITY AND ENROLLMENT

Persons may become eligible for participation in the DDS by meeting Medicaid Long-Term Care eligibility rules; 1915(c) institutional eligibility rules; Medicaid Aged, Blind, Disabled (ABD) rules; and by also meeting statutorily defined criteria for developmental disabilities. Final program participation is determined through criteria established in the State System of Care Plan related to funding priorities. Less than one quarter of the calendar year 2014 DDS program expenditures were for persons eligible under HCBS institutional eligibility rules.

DEVELOPMENTAL DISABILITIES SERVICES

DDS supports are meant to maximize independence while protecting the health, wellness, and safety of consumers who are considered part of a vulnerable/special health needs population under the Global Commitment to Health Medicaid Managed Care model. Services to children under 21 are expected to focus on developmental growth and assistance with skill building whenever possible. DDS programs for persons over the age of 21 are meant to provide long-term services and supports, and enrollment is frequently expected to be life-long in nature.

The DDS program includes services and supports provided by private non-profit developmental disabilities services providers throughout the state to assist individuals who have a developmental disability to live and work in their communities. Services include service coordination, community supports, employment supports, respite, clinical services, crisis services, home supports, and transportation. The State's only public institution providing developmental disability services, Brandon Training School, was closed in 1993. The last sheltered workshop was closed in 2002. All program services are provided in the community. Individual support plans and associated services are highly individualized and based on person-centered planning, consumer choice and allowable services as defined in the DDS State System of Care Plan.

Home Supports include services, supports, and supervision provided to individuals in and around their residences up to twenty-four hours a day, seven days a week (24/7). An array of services is provided to individuals, as appropriate, in accordance with an individual planning process that results in an Individual Support Agreement (ISA). The services include the provision of assistance and resources to improve and maintain opportunities and experiences for individuals to be as independent as possible in their home and community. Services include support for individuals to acquire and retain life skills and for maintaining health and safety. Support for home modifications required for accessibility for an individual with a physical disability may be included in Home Supports. Home Supports does not include costs for room and board. Below are the types of residential arrangement available in the DDS program.

Supervised Living - These arrangements include regularly scheduled or intermittent hourly supports provided to an individual who lives in his or her home or that of a family member. Supports are provided on a less-than-full-time (not 24/7) schedule.

Shared Living – These arrangements provide individualized support for one or two adults and/or children in the home of a contracted home provider. Home providers typically have 24-hour, seven-day-a-week responsibility for the individuals who live with them. No more than two individuals may live in or receive respite in the same home. All shared living arrangements must meet DDS safety and accessibility standards prior to participant placement. Home providers are considered independent contractors with a Host Agency responsible for quality oversight and case management services on behalf of the participant. Home providers do not serve as case managers or guardians for persons in their care.

Staffed Living These arrangements provide individualized support for one or two adults and/or children in a home setting. Home settings are staffed on a full-time basis by paid providers. No more than two individuals may live in or receive respite in the same setting. All staffed living arrangements must meet DDS safety and accessibility standards prior to participant placement.

Group Living - These arrangements require the setting to be licensed by the Division of Licensing and Protection. For recipients who are under the age of eighteen, the setting must be licensed by DCF as a Residential Child Care Facility or Foster Home. Group Living arrangements include supports provided in a home setting for three to six people that are staffed full time by paid providers. The Vermont State System of Care Plan does not allow

funds to be used to increase the availability of settings that provide residential supports to more than four persons over the age of 18 without approval of the Commissioner; no setting may serve more than six adults. Currently, there are no group settings for children that exceed two participants.

ICF/DD - An Intermediate Care Facility for people with Developmental Disabilities is a highly structured residential setting for up to six people. ICF/DD settings provide needed intensive medical and therapeutic services.

Table 1: Overview of DDS residential arrangements

Residential Type	Persons Served June 30, 2014	Who controls/owns setting	Regulatory Framework
Supervised Living	317	Participant or family	<ul style="list-style-type: none"> • DD Act and Regulations
Shared Living (1-2 persons)	1,319	Contracted Home Provider	<ul style="list-style-type: none"> • DD Act and Regulations
Staffed Living (1-2 persons)	44 (35 homes)	Participant or family or DA/SSA Provider	<ul style="list-style-type: none"> • DD Act and Regulations • DCF Residential Treatment Regulations (for recipients under 18)
Group Living (3-6 persons)	91 (20 homes)	DA/SSA Provider	<ul style="list-style-type: none"> • Residential Care Home Licensing Standards • Therapeutic Community Residence Licensing Standards • DD Act and Regulations
ICF/DD	6 (1 home)	DA/SSA Provider	<ul style="list-style-type: none"> • DD Act and Regulations • Medicaid State Plan & Federal Rules

Employment and community supports are offered to participants in everyday community settings where the participant lives and recreates. DDS does not support sheltered workshops or free-standing disability-specific day treatment centers. In some cases, Group Community Supports are offered as learning opportunities for two or more persons who have similar interests. DDS program benefits are outlined on Table 2 on the following page.

Table 2: Overview DDS Program Benefits

42 CFR 440.180 HCBS Service	Vermont DS Benefit Name	Coverage Authorization (Medicaid State Plan or HCBS)
Case Management	Service Planning and Coordination	HCBS and State Plan, Targeted Case Management
Habilitation	Home Supports (supervised, shared, staffed, group and ICF/DD)	HCBS
	Community Supports	HCBS
Respite	Respite (in home or shared living setting)	HCBS
Other Cost-Effective Alternatives	Crisis Services	HCBS and State Plan
Day Treatment, Psychosocial Rehab, Clinic Services	Clinical Interventions	HCBS and State Plan
Expanded Habilitation	Employment Services	HCBS

VERMONT POLICY OVERVIEW

The DS program has a variety of written materials associated with its operations. These materials range from APA-promulgated rule and licensing standards to operations manuals, provider certification standards, audit tools, and training guides. The following documents were reviewed as part of this project:

- 18 V.S.A Chapter 204A Developmental Disabilities Act (i.e., DD Act)
<http://legislature.vermont.gov/statutes/chapter/18/204A>
- Regulations Implementing the Developmental Disabilities Act of 1996
<http://humanservices.vermont.gov/on-line-rules/health-care-administrative-rules-hcar/final-clean.ddact-regulations-10-01-2017.pdf>
- 18 V.S.A. Chapter 206 (i.e., Act 248)
<http://legislature.vermont.gov/statutes/fullchapter/18/206>
- Vermont State System of Care Plan for Developmental Disabilities Services
http://ddsd.vermont.gov/sites/ddsd/files/documents/Vermont_DS_State_System_of_Care_Plan_0.pdf
- Protocols for Evaluating Less Restrictive Placements and Supports for People with Intellectual/Developmental Disabilities Who Pose a Risk to Public Safety
http://ddsd.vermont.gov/sites/ddsd/files/documents/DDSD_PS_Practices_Protocol_Memo04_3015.pdf
- Behavior Support Guidelines for Workers Paid with Developmental Services Funds
http://ddsd.vermont.gov/sites/ddsd/files/documents/Behavior_Support_Guidelines10%272004.pdf

- Guidelines for the Quality Review Process of Developmental Disability Services
http://ddsd.vermont.gov/sites/ddsd/files/documents/guidelines_quality_review_process_of_dd_services.pdf
- Individual Support Agreement Guidelines and Basic Form
http://ddsd.vermont.gov/sites/ddsd/files/documents/ISA_Guidelines.pdf
- Housing Safety and Accessibility Review Process
http://ddsd.vermont.gov/sites/ddsd/files/documents/Housing_Safety_And_Accessibility_Review_Process.pdf
- Shared Living in Vermont: Individualized Home Supports for People with Developmental Disabilities
<http://ddsd.vermont.gov/sites/ddsd/files/documents/shared-living-individual-home-supports.pdf>
- Health and Wellness Guidelines
<http://ddsd.vermont.gov/sites/ddsd/files/documents/health-and-wellness-standards-and-guidelines.pdf>
- Policy on Education and Support of Sexuality
<http://ddsd.vermont.gov/sites/ddsd/files/documents/policy-education-support-of-sexuality.pdf>
- Service Coordinator Home Visit Requirements
<http://ddsd.vermont.gov/sites/ddsd/files/documents/home-visit-requirements-for-dds.pdf>
- DAIL Residential Care Home Licensing Regulations
http://dail.vermont.gov/sites/dail/files//documents/Licensing_Reg_Homes_Terminally_Ill_2001.pdf
- DCF Residential Treatment Licensing Regulations
<http://dcf.vermont.gov/sites/dcf/files/FSD/pubs/RTP-Regs.pdf>
- Therapeutic Community Residences (TCR) Licensing and Operating Regulations
http://dail.vermont.gov/sites/dail/files//documents/License-Operating_Regs_for_Therapeutic_Comm_Res.pdf
- Human Rights Committee Guidelines
http://ddsd.vermont.gov/sites/ddsd/files/documents/HRC_Guidelines_Updated_111014_EER.pdf
- Administrative Rules on Agency Designation
<http://ddsd.vermont.gov/sites/ddsd/files/documents/administrative-rules-on-agency-designation.pdf>
- Critical Incident Reporting Guidelines for DDS Programs
http://ddsd.vermont.gov/sites/ddsd/files/documents/DAIL_CIR_Requirements_0.pdf

Appendix A and B provide a more detailed crosswalk of Vermont policy documents to the federal HCBS rules. Elements responsive to federal rules were scored using the following categories:

Alignment: State policy documents show alignment with federal rules.

Partial: State policy documents show general alignment with federal rules, but lack specificity.

Silent: State policy documents do not mention specific terms contemplated in federal rule.

Non-Comply: State policy documents are in conflict with the terms contemplated in federal rule.

A brief summary of findings is provided below.

The DDS statutory and regulatory framework appears to substantially align with the values in the federal framework and requires many of the same safeguards. Vermont rules and guidelines expand beyond the federal framework and support independence, personal autonomy, and choices in such areas as the expression of sexuality, ability of a person to administer his or her own medications, and the right of person to choose what he or she wants to do, within the framework of laws, rules, and societal expectations applicable to all Vermont citizens. In addition, the Guidelines for the Quality Review Process for Developmental Services (June 2009) includes outcomes and indicators that fully support the values of both the Vermont and federal frameworks.

Employment and community supports are offered to participants in everyday community settings where the participant lives and recreates. In some situations, Group Community Supports are allowed and may include site-based activity schedules in some regions. In these regions provider agencies open up their facilities for enrollee use in promoting various social, recreational and learning opportunities for persons who have similar interests. Examples include, cooking classes using the office kitchenette, computer skills using office equipment, hobby or special interest groups using conference room space. Group Community Supports are bound by all DD Act and DDS regulations and policies identified in the following sections, however there are no specific guidelines for situations where activities are planned using provider controlled locations and schedules.

All residential and service arrangements in the DDS Care program must be commensurate with assessment findings; the participant's individualized support agreement, abilities, and desires; and meaningful choice per DD Act regulations. In addition, the DD Act and its regulation define Restrictions of Rights as any actions that limit those civil rights adults ordinarily expect to exercise. Any use of a caregiver's authority over the individual that interferes with an individual's autonomy, rights, activities, or privacy in ways that cross over the line ordinarily found in consenting relationships between adults is prohibited unless identified through the assessment process and agreed to in the ISA. A participant's or guardian's disagreement with an intervention is considered a restriction of rights. Any restriction must include consumer and guardian consent and be accompanied by a clear Behavioral Support Plan or a Psychiatric and/or Medical Treatment Plan.

Both the Individual Support Agreement and the Behavioral Support Guidelines provide instructions for person-centered planning, integrated home settings, and protection of individual rights and autonomy. The ISA is considered a written legal agreement and includes information about the person's preferences and goals. The behavioral support guidelines specifically note that any restriction must be fully vetted, planned for, and agreed to by the individual and the individual's team (excerpt below). In addition, each local agency must have a Professional Review Committee for the review of certain more restrictive interventions. Lastly, the State's Human Rights Committee must review all requests for restraint as defined by Vermont guidelines, which may include perimeter locks and other interventions that restrict a person's movement, choice, and autonomy. Vermont guidance suggests that all aspects of a person's needs, preferences, and choices must be incorporated in

planning (including those outlined in the Federal HCBS rules) and documented as part of the person-centered planning process. Excerpts regarding restriction of rights are provided below.

Restrictions of Rights are actions by Developmental Services- paid workers that use the caregiver's authority over the individual and that interfere with an individual's autonomy, rights, activities, or privacy in ways that cross over the line ordinarily found in consenting relationships between adults. Restrictions of rights limit those civil rights adults ordinarily expect to exercise.

Restrictions of rights include any actions which restrict rights guaranteed by the Developmental Disabilities Act of 1996; specifically, restrictions that interfere with:

- Privacy, dignity, and confidentiality,
- Association with individuals of both genders,
- Communication in private by mail and telephone, or
- Contact with family.

If a person or guardian objects to any other restriction of rights, activity, or autonomy, it should also be treated as a restriction of rights.

A restriction of rights may be needed to protect the emotional or physical health or safety of the individual or others. For instance, contact with family members may be restricted for the safety of the individual or the safety of a family member.

Restrictions of rights shall not be used as rewards or punishments to change behavior. For instance, a program may not restrict a person from calling his family when he is "noncompliant" and allow him to call when he is "compliant."

There is often a fine line between a reasonable safety precaution (e.g., locking up chemical cleaners or prescription drugs) and a limitation of autonomy (e.g., locking up kitchen cabinets or the refrigerator). Similarly, there may be a fine line between a house rule (e.g., don't tie up the phone for more than half an hour) and a punishment (e.g., you can't use the phone because you didn't clean up your room).

Room monitors and door alarms are considered restrictions of rights. Locking the door of a family member's bedroom may be a reasonable protection of privacy, but locking a person out of the kitchen or other common areas of the house would be a restriction of rights. Locking a person into his or her own bedroom is never permitted. Restrictions of rights must be individually considered, with sensitivity to unnecessary overprotection and to the inequality of power that is inherent in paid caregiving services.

It is the responsibility of the individual and his or her guardian and other ISA team members to identify measures that are restrictions of rights and continuously reassess the need for those restrictions.

Excerpt from DD Act Regulations Section 10.7 Quality standards for services

To be certified, an agency shall provide or arrange for services that achieve the following values and goals:

- (a) The civil and human rights of individuals are encouraged and respected.
- (b) Individuals direct their own lives.
 - (1) Individuals make the decisions that affect their lives.
 - (2) Individuals have the opportunity to manage services and choose how resources are used.
- (c) The needs of individuals are met and their strengths and preferences are honored.
 - (1) Services are developed with the person and family's/guardian's input and reflect the individual's strengths, needs, and goals.
 - (2) Services are individualized
- (d) Individuals live and work as independently and interdependently as they choose.
 - (1) Services foster personal growth and encourage the development of practical life skills.

- (2) Individuals are safe in their homes and communities.*
- (3) Individuals who choose to work have meaningful jobs that are suited to their interests and have the supports necessary to maintain those jobs.*
- (e) Individuals experience positive relationships, including connections with family and their natural supports. Individuals are encouraged and receive guidance to maintain relationships that are meaningful to them.*
- (f) Individuals participate in their local communities. Individuals have a sense of belonging, inclusion and membership in their community.*
- (g) Individuals experience optimal health and well-being.*
 - (1) Individuals have their medical and health needs met.*
 - (2) Individuals are encouraged and supported to maintain healthy lifestyles and habits.*
- (h) Individuals communicate effectively with others. Individuals are able to communicate effectively in their preferred mode. (Communication Bill of Rights)*
- (i) Individuals have timely assessments and service plans.*
- (j) Individual critical incidents and other reports are made in a timely manner and are in compliance with Department policy.*
- (k) Individuals have trained and responsive workers.*

SUMMARY AND OPTIONS FOR NEXT STEPS

The Vermont regulatory framework for Developmental Services is progressive and comprehensive; however, State budget limitations and the impact of the recent recession have resulted in a significant downsizing of functions in quality and policy oversight and data analytics. In an effort to limit impact on direct care appropriations in specialized programs, necessary reductions in State resources were made in infrastructure. Subsequently, monitoring adherence and improvement has been difficult. The State has been challenged with finding more efficient and automated ways to collect and monitor quality indicators, including consumer self-report data, grievance and appeals data, and provider performance measures. Efforts at modernizing the IT infrastructure across AHS should result in the development of new business processes to support necessary quality monitoring and provider performance management in these critical areas.

A preliminary list of options for enhancing quality oversight and providing more specific and direct guidance related to State and federal values and rules is provided in Table 3 on the following page. This list should not be considered exhaustive; more extensive stakeholder engagement may yield additional opportunities for ongoing quality assessment and improvement.

Table 3 Preliminary List of Options for Quality Assessment and Improvement

Preliminary List of Options for Quality Assessment and Improvement	
Potential Next Steps	Considerations
Revise Residential Licensing Regulations to include more detailed standards related to specific setting characteristics	<ul style="list-style-type: none"> • Regulations define State expectations for all settings regardless of type • Licensing reapplications are required annually • Revisions may also impact providers not involved with the DS Medicaid program • Regulation changes do not guarantee quality monitoring and improvement processes • Regulatory revision process may be time consuming and delay implementation of desired provider change
Create service specific standards for Group Community Supports when they involved provider controlled space and schedules	<ul style="list-style-type: none"> • Standards could clearly apply existing Vermont specific protections and clarify alignment with federal language
Enhance current Certification/Designation standards that require quality monitoring systems to be in place within each provider agency with more specific data reporting requirements; data that illustrates provider adherence to HCBS and VT regulations could be required	<ul style="list-style-type: none"> • Standards could include examples that align with federal language in addition to those Vermont specific protections • Providers could engage in data reporting on targeted HCBS characteristics through existing certification/designation requirements • Provider self-report data should be augmented with additional independently collected information and data analysis
Ensure that contracted consumer and stakeholder surveys assess provider adherence to specific State and federal HCBS standards	<ul style="list-style-type: none"> • Consumer self-report could allow for more direct and targeted quality improvement • Stakeholders could include family members, legal guardian, and ombudsmen reports
Enhance Certification/Designation audits in frequency or sample size to includes a review of specific details regarding person-centered planning and HCBS settings characteristics	<ul style="list-style-type: none"> • Audits may require more resources if content or sample size is expanded
Enhance quality oversight and data collection in the new HSE/MMIS IT structure, especially as it relates to collecting outcome and indicators identified in the Guidelines for Quality Review Process	<ul style="list-style-type: none"> • Current AHS plans to update its IT structure provide an opportunity for DDS to define information needed to augment current provider performance and quality monitoring
Update or create tools and guidance that support desired characteristics such as: <ul style="list-style-type: none"> • Sample shared, staffed, or group living agreements • Participant handbooks that include enrollee rights • Add prompts and instructions to the ISA guidelines that specifically remind people to ask about door locks, room décor, access to food, and other accommodations outlined in the federal rule 	<ul style="list-style-type: none"> • Revising current materials would provide ongoing access to clear examples of State expectations

Appendix A: HCBS Settings Requirements and Vermont Regulation and Policy Crosswalk

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement HCBS Setting Requirements	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider controlled settings)
<p><u>1. Commensurate with a persons individualized plan, needs and abilities</u> - The setting is integrated in and supports full access to community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving HCBS</p>	<p>Title 18 VSA 206A §8721, 8723 - 8724, 8726, 8728</p> <p>DD Act Regulations Sec. 2.14, 4.4, 4.5, 4.8, 4.9, 4.10, 5, 10.4, 10.6, 10.7, 10.12</p> <p>VT State System of Care Plan (SOCP) Sec. 1 II, III; Sec. 2 III, IV; Sec 3 I, II, Sec 4 I, II D. Appendix A.</p> <p>ISA Guidelines All sections</p> <p>VCDMHS Needs Assessment</p> <p>Protocol for Evaluating Less Restrictive Placements for Court Ordered Persons</p>	<ul style="list-style-type: none"> • DD Act and its regulations provide that persons receive services in settings of their choice, commensurate with their abilities and person-centered plans. • ISA Guidelines and System of Care standards support planning that promotes the least restrictive, most appropriate setting and that services and supports be based on a comprehensive person-centered planning process and reflect a person’s needs, abilities, and preferences. • SOCP also notes that funding must support the individual in making progress toward personal goals. Providers must actively develop opportunities to increase natural and unpaid supports typical of community living for all persons regardless of disability. Additionally, employment supports include teaching individuals to use public transportation, working out rides from natural supports and co-workers. • VT does not fund segregated work environments. • Appendix A of the SOCP provides definitions of allowable services that emphasize the goals of assessing a person’s strengths, needs, and preferences, and promoting community living and integration, natural supports, and access to community resources to the same degree as individuals who do not have a disability. • The Residents’ Rights section of the Residential Care Home Licensing Standards includes an emphasis on individuality and community participation. 	Alignment	Alignment	Alignment	Alignment (One setting that includes multiple group and shared living options on one campus may require additional onsite review and determination of compliance)	Alignment

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement HCBS Setting Requirements	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider controlled settings)
	<p>Guidelines for Quality Review of DDS: Outcomes and Indicators</p> <p>DCF Residential Treatment Licensing Regulations Sec 201</p>	<ul style="list-style-type: none"> Act 248 allows for the court to order persons who have a DD/ID into the care and custody of the Commissioner of DAIL when they pose a public safety risk. DAIL issues guidelines for evaluating the appropriateness of less restrictive settings. These guidelines are meant to into provide the participant with a structured, therapeutic environment in which to live safely and successfully in the community and to move toward greater independence consistent with their needs and the needs of public safety. DCF Residential Treatment regulations provide that children have the right to be placed in the least restrictive and most appropriate setting based on their needs and abilities. 					
2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered	<p>Title 18 VSA 206A §8721, 8723 - 8724, 8726, 8728</p> <p>VT State System of Care Plan (SOCP) Sec. 1 II, III; Sec. 2 III, IV; Sec 3 I, II, Sec 4 I, II D. Appendix A.</p> <p>ISA Guidelines All sections</p>	<ul style="list-style-type: none"> DD Act requires that all planning be based on personal choice, needs, and preferences of the participant and family. ISA Guidelines provide that persons receive information on all options available to support community living. Systems of Care plan standards provide that the person receive services in the least restrictive and most appropriate setting in accordance with needs and preferences. Agencies are required to discuss all available options and providers as part of the application screening process. 	Alignment	Alignment	Alignment	Alignment	N/A

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement HCBS Setting Requirements	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider controlled settings)
service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board	VCDMHS Needs Assessment Guidelines for Quality Review of DDS: Outcomes and Indicators TCR Licensing Regulations Sec 5.2	<ul style="list-style-type: none"> • DDS funding does not support room and board; guidance discusses individual contributions to room and board. • TCR and Residential Care Home regulations require room and board and admissions agreements. 					
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint	Title 18 VSA 206A §8721, 8723 - 8724, 8726, 8728 DD Act Regulations Sec. 2.14, 4.4, 4.5, 4.8, 4.9, 4.10, 5, 10.4, 10.6, 10.7, 10.9, 10.12 VT State System of Care Plan (SOCP) Sec. 1 II, III Behavioral Support Guidelines All Sections	<ul style="list-style-type: none"> • Regulations require processes to prevent and address abuse, neglect, and exploitation. • Values, principles, freedoms, and rights are identified in the DD Act of 1996 and its regulations and align with these standards. • Behavioral Support and Health and Wellness guidelines include standards and guidelines for the safeguarding of rights of privacy, dignity, and freedom of coercion, restraint, and reprisal. • In circumstances where an individual right or freedom is restricted, it must be court ordered or otherwise agreed upon by the individual and/or guardian and may be reviewed by a local Professional Review Committee or the State Human Rights Committee. • DCF Residential Treatment regulations provide that all rights of privacy, dignity are respected and that staff have specific training in ensuring that children be free from coercion and restraint. Guidelines address 	Alignment	Alignment	Alignment	Alignment	Alignment

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
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	Health and Wellness Guidelines Standard 2,3, 4 DAIL Policy on Education and Support of Sexuality Residential Care Homes Licensing Regulations Sec. 5.14 Sec. 6 Guidelines for Quality Review of DDS: Outcomes and Indicators Human Rights Committee Guidelines Administrative Rules on Agency Designation Sec 4.13 DCF Residential Treatment Licensing Regulations	restraint and seclusion when harm to self or others is imminent.					

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
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	Sec 201, 202, 631, 648, 650-670 Critical Incident Reporting Requirements TCR Licensing Regulations Sec 5.5, 5.9b, 5.17. Sec VI						
4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact	Title 18 VSA 206A §8721, 8723 - 8724, 8726, 8728 DD Act Regulations Sec. 2.14, 4.4, 4.5, 4.8, 4.9, 4.10, 5, 10.4, 10.6, 10.7, 10.9, 10.12 VT State System of Care Plan (SOCP) Sec. 1 II, III; Sec. 2 III, IV; Sec 3 I, II, Sec 4 I, II D. Appendix A ISA Guidelines All sections	<ul style="list-style-type: none"> • Intent of the DD Act is to promote and maximize autonomy, community living, and personalized decision making. Its principles and values and the corresponding SOCP service definitions all support individual initiative, autonomy, and independence in making life choices. • Residential Care Home Participants' Rights include life choices such as the right to visitors and the right to refuse visitors, as well the right to a phone and mail, and the right to leave the residence and be gone for more than 24 hours at any given time. • Residential Care Home licensing regulations require settings to promote personal independence in a home-like environment; respect dignity, accomplishments, and abilities; and encourage participation in own ADL's, care planning, and self-administration of medication for persons who are capable. • Participants have the right to refuse any services or activities offered, to administer their own medications 	Alignment	Alignment	Alignment	Alignment	Partial No service specific definitions or guidelines exist (Three settings that offer provider controlled activities may need further on-site review)

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement HCBS Setting Requirements	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider controlled settings)
	Behavioral Support Guidelines All Sections Health and Wellness Guidelines Standard 9 DAIL Policy on Education and Support of Sexuality Residential Care Home Licensing Regulations Sec. 1.1; 5.5(b); 5.10 (e) (2) Sec. VI. VCDMHS Needs Assessment Guidelines for Quality Review of DDS: Outcomes and Indicators DCF Residential Treatment Licensing Regulations	<p>when they possess the desire and capability, and to receive support for individual choices regarding sexuality, including education, privacy, and expression of beliefs</p> <ul style="list-style-type: none"> Group Community Supports are bound by all DD Act and DDS regulations and policies identified, however there are no specific guidelines for situations where activities are planned using provider controlled locations and schedules. DCF Residential licensing regulations provide that programs establish daily routines; however daily routines may not conflict the persons individual plan of care. 					

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement HCBS Setting Requirements	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider controlled settings)
	Sec 611 TCR Licensing Regulations Sec 5.5, 5.7, Sec VI						
5. Facilitates individual choice regarding services and supports, <i>and who provides them</i>	VT State System of Care Plan Sec. 1 II, III; Sec. 2 III, IV; Sec 3 I, II, Sec 4 I, II D. Appendix A Title 18 VSA 206A §8721, 8723 - 8724, 8726, 8728 DD Act Regulations Sec. 2.14, 4.4, 4.5, 4.8, 4.9, 4.10, 5, 10.4, 10.6, 10.7, 10.9, 10.12 ISA Guidelines All sections VCDMHS Needs Assessment Guidelines for Quality Review of DDS: Outcomes and Indicators	<ul style="list-style-type: none"> All participants choose where to receive their DDS services and supports. Participants choosing a shared living arrangement receive case management from a host agency. The host agency is responsible for contracting with the home provider and facilitating an acceptable match of shared living setting and for creating a person-centered plan with the participant that includes all aspects of community living. The host agency is responsible for oversight of the home provider and the ISA and following up on any client concerns with the home, plan, or other services. Participants have several options to self-manage their own services and supports including, self, family, or surrogate- managed care and shared management with an agency-based program. Group Community Supports are bound by all DD Act and DDS regulations and policies identified, however there are no specific guidelines for situations where activities are planned using provider controlled locations and schedules. 	Alignment	Alignment	Alignment	Alignment	Partial No service specific definitions or guidelines exist (Three settings that offer provider controlled activities may need further on-site review)

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement HCBS Setting Requirements	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider controlled settings)
	Administrative Rules on Agency Designation: Sec 4.13						
6. (a) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.	Residential Care Home Licensing Regulations Sec. 4.3 (b), (d), (e) Sec. 5.2 (a-d), 5.3 (a), (e- h) Sec. 6.14 Title 18 VSA 206A §8727 DD Act Regulations Sec 10.9 ISA Guidelines All sections MCO Grievance and Appeal Rules TCR Licensing Regulations Sec 5.2	<ul style="list-style-type: none"> The ISA document is expected to identify all provisions for services and is considered a legally enforceable contract. Changes in the ISA must be agreed to by the participant and/or guardian. However, the ISA guidelines do not require specific information regarding housing or include requirements related to notice requirements. Residential Care Home agreements must include specific provisions with regards to occupancy, voluntary and involuntary termination of placement (30-day), and notice of any changes in rates, physical plant, policies, or other services (90-day). TCR agreements must include specific provisions with regards to occupancy, voluntary and involuntary termination of placement and 30-day notice of any changes in rates or services. Residential Care Home must have written plans of care, reviewed at least annually, are also required to address participant services, supports, and goals. Supervised living arrangements are in the settings leased or controlled by the enrollee. 	Silent	Alignment	Silent	Alignment	N/A

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement HCBS Setting Requirements	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider controlled settings)
(b) For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document <i>provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</i>							
7. Everyone has privacy in their sleeping or living unit	Title 18 VSA 206A §8728 Residential Care Home Licensing Regulations	<ul style="list-style-type: none"> Shared and Supervised Living placements are individually matched and allow for private or semi-private accommodations of the person's choosing. Residential Care Home and TCR Licensing standards allow for private or semi-private rooms. Residents 	Alignment	Alignment	Alignment	Alignment	N/A

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement HCBS Setting Requirements	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider controlled settings)
	Sec. X. 9.2(e-g) DAIL Policy on Education and Support of Sexuality DCF Residential Treatment Licensing Regulations Sec 612-614, 703, 720, 722-724 TCR Licensing Regulations Sec 9.1	must not be required to pass through other bedrooms to reach their room, and assigned bedrooms are only to be used as personal sleeping and living quarters of assigned resident (s). <ul style="list-style-type: none"> DCF Residential Care Licensing Standards provide that youth have privacy and that sleeping units cannot be used for other purposes. 					
8. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors	Behavioral Support Guidelines All Sections Residential Care Home Licensing Regulations Sec. IX TCR Licensing Regulations Sec 9.1	<ul style="list-style-type: none"> Person-centered planning and participants' rights statements stress privacy and planning for personal preferences; locked perimeter doors are considered a restraint of movement and thus a restriction of rights under the DD Act and if implemented must be done through a Behavioral Support Agreement; locking someone in his or her own room is never permitted. Guidance does not indicate who has keys to various settings Behavioral Support Guidelines clarify that restriction of rights includes any use of the caregiver's authority over the individual that interferes with an individual's autonomy, rights, activities, or privacy in ways we usually find unacceptable in consenting relationships. 	Partial - Guidance does not indicate who has keys to various settings	Partial - Guidance does not indicate who has keys to various settings	Partial - Guidance does not indicate who has keys to various settings	Partial - Guidance does not indicate who has keys to various settings	N/A

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement HCBS Setting Requirements	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider controlled settings)
		<p>Autonomy means doing what you want to do. Restrictions of rights include actions which limit activities or civil rights that adults ordinarily expect to exercise.</p> <ul style="list-style-type: none"> Residential Care Home Licensing standards do not specify lockable units. TCR licensing regulations do not allow security systems that prevent persons from leaving without permission of the licensing agency. 					
9. Individuals sharing units have a choice of roommates in that setting	<p>ISA Guidelines Residential Care Home Licensing Regulations Sec. IX TCR Licensing Regulations Sec 9.1</p>	<ul style="list-style-type: none"> Shared, Supervised and Staffed living only authorize 1- or 2-person homes based on person’s choice. The ISA requires that all placements and roommate matches must be agreed to by the participant and/or guardian. Residential Care Home and TCR Licensing standards do not specify how semi-private placements are made; however, the ISA requires that all placements and roommate matches must be agreed to by the participant and/or guardian. 	Alignment	Alignment	Alignment	Alignment	N/A
10. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement	<p>Residential Care Home Licensing Regulations Sec. IX TCR Licensing Regulations Sec 9.1</p>	<ul style="list-style-type: none"> Guidelines do not specify décor standards; however, DDS Quality Reviews include this feature as part of the site visit reviews under the “Autonomy/Choice” category. Residential Care Home and TCR licensing standards do not specify standards for room décor 	Alignment Documentation in guidelines could be stronger	N/A			

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement HCBS Setting Requirements	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider controlled settings)
11. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time	Behavioral Support Guidelines All Sections Residential Care Home Licensing Regulations Sec. 7.1 (c)(4) ISA Guidelines All sections VCDMHS Needs Assessment Guidelines for Quality Review of DDS: Outcomes and Indicators TCR Licensing Regulations Sec 5.5, 5.7, Sec VI	<ul style="list-style-type: none"> ISA guidelines, regardless of setting, require planning to provide for diet and nutrition based on the desires and preferences of the participant as documented in the ISA. Behavioral Support Guidelines do not allow restrictions on food unless medically necessary as prescribed by an MD. Residential Care Level III licensing standards provide for alternative meals on request but do not specify 24/7 access to food. Residential Care Home Regulations provide that facilities that do offer common kitchens must make them available for participant use at all times. TCR standards call for active participation of the individual in all aspects of planning and decision-making. TCR standards require alternate meals be made available but do not specify access to food 24/7. 	Alignment	Alignment	Alignment	Alignment	Partial No service specific definitions or guidelines exist (Three settings that offer provider controlled activities may need further on-site review)
12. Individuals are able to have visitors of their choosing <i>at any time</i>	Title 18 VSA 206A §8721, 8723, 8728 Residential Care Home Licensing Regulations Sec. 6.5 ISA Guidelines All sections	<ul style="list-style-type: none"> ISA guidelines, regardless of setting, require planning that supports access to community, family, and visitors unless restrictions are court ordered and/or documented in the ISA. Behavioral Support Guidelines do not allow restrictions on visitors unless court ordered or documented in the ISA. Residential Care Homes must provide for private communications and allow visitors at least from 8 am 	Alignment	Alignment	Alignment	Alignment	N/A

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement HCBS Setting Requirements	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider controlled settings)
	DAIL Policy on Education and Support of Sexuality VCDMHS Needs Assessment Guidelines for Quality Review of DDS: Outcomes and Indicators	to 8 pm or longer, and residents may make other arrangements with the home for visitors; residents are allowed to refuse any visitor.					
13. The setting is physically accessible to the individual	Title 18 VSA 206A §8721, 8723 - 8724, 8726, 8728 VT State System of Care Plan Sec 4 II D10 DAIL Housing Safety and Review Process Residential Care Home Licensing Regulations Sec. 9.5 Administrative Rules on Agency Designation Sec. 4.12	<ul style="list-style-type: none"> Safety and Accessibility Inspections are required of all settings. In addition, the DD Act also requires geographic accessibility of services. 	Alignment	Alignment	Alignment	Alignment	Alignment
14. Modification to HCBS Settings Requirements							

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement HCBS Setting Requirements	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider controlled settings)
<p>Definitions from Behavioral Support Guidelines</p> <p>“Restrictions of rights” are actions by workers paid with Developmental Services funds that use the caregiver’s authority over the individual and interfere with an individual’s autonomy, rights, activities, or privacy in ways we usually find unacceptable in consenting relationships. Autonomy means doing what you want to do. Restrictions of rights include actions that limit activities or civil rights that adults ordinarily expect to exercise. Restrictions of rights include any actions that restrict rights guaranteed by the Developmental Disabilities Act of 1996; specifically, restrictions that interfere with:</p> <ul style="list-style-type: none"> • Privacy, dignity, and confidentiality • Association with individuals of both genders • Communication in private by mail and telephone • Contact with family <p>If a person or guardian objects to any other restriction of rights, activity, or autonomy, it should also be treated as a restriction of rights. Health and Wellness Standards include provisions for variances in the event that the application of a health standard is not indicated or in the best interest of the participant. Variances are not allowed for convenience.</p>							
(a) Identify a specific and individualized assessed need for modification	<p>ISA Guidelines All sections</p> <p>Behavioral Support Guidelines Sec. 1; Sec 2; Attachment A, B, C, D, E</p> <p>Critical Incident Reporting Requirements</p>	<ul style="list-style-type: none"> • The DD Act contains clear protections regarding any restrictions of rights. According the Behavioral Support Guidelines, if a person or guardian objects to any part of a proposed plan, it should also be treated as a restriction of rights. • Any proposed restrictions must follow a comprehensive assessment process and be clearly described. Two additional levels of independent review may be required based on the type of restriction proposed. These include review by a local Professional Review Committee and by the State Human Rights Committee. • Guidelines require that participants’ input should be actively sought and considered in all decisions regarding any modification of behavior, rights, or freedoms. • Behavioral change cannot be pursued for the convenience of staff. Use of psychiatric medications 	Alignment	Alignment	Alignment	Alignment	Alignment

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement HCBS Setting Requirements	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider controlled settings)
		must include a psychiatric support plan, the Behavioral Support Plan, and the ISA.					
(b) Document the positive interventions and supports used prior to any modifications to the person-centered service plan	ISA Guidelines All sections Behavioral Support Guidelines Sec. 1; Sec 2; Attachment A, B, C, D, E Residential Care Home Licensing Regulations Sec. III Sec. V. 5.3	<ul style="list-style-type: none"> Any proposed restriction or modification must follow a comprehensive assessment process and be clearly described, monitored, and tracked. Guidelines are built on a framework of positive behavior supports for all persons and require participant and/or guardian agreement prior to implementation. Documentation is required and must be reviewed periodically for adjustments and progress. 	Alignment	Alignment	Alignment	Alignment	Alignment
(c) Document less intrusive methods of meeting the need that have been tried but did not work	Behavioral Support Guidelines Sec. 1; Sec 2; Attachment A, B, C, D, E	<ul style="list-style-type: none"> Documentation is implied in standards and must be reviewed periodically for adjustments and progress; however, forms and instructions do not include a field for documentation of interventions that failed. 	Partial Documentation guidelines could be stronger				
(d) Include a clear description of the condition that is directly proportionate to the specific assessed need	Behavioral Support Guidelines Sec. 1; Sec 2; Attachment A, B, C, D, E ISA Guidelines	<ul style="list-style-type: none"> Any proposed restriction or modification must follow a comprehensive assessment process and be clearly described, monitored, and tracked. 	Alignment	Alignment	Alignment	Alignment	Alignment

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement HCBS Setting Requirements	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider controlled settings)
	All sections						
(e) Include a regular collection and review of data to measure the ongoing effectiveness of the modification	Behavioral Support Guidelines Sec 2; Attachment A, B, C, D, E Critical Incident Reporting Requirements	<ul style="list-style-type: none"> Documentation is required and must be reviewed periodically for adjustments and progress. 	Alignment	Alignment	Alignment	Alignment	Alignment
(f) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated	Behavioral Support Guidelines Sec 2; Attachment A, B, C, D, E	<ul style="list-style-type: none"> Documentation is required and must be reviewed periodically for adjustments and progress. 	Alignment	Alignment	Alignment	Alignment	Alignment
(g) Include informed consent of the individual	Behavioral Support Guidelines Sec 2; Attachment A, B, C, D, E ISA Guidelines All sections	<ul style="list-style-type: none"> All planning and interventions of any type require participant and/or guardian agreement prior to implementation. A local Professional Review Committee must review any plan that is not agreed to by the participant and/or any plan that restricts a right guaranteed under the DD Act. A Statewide Human Rights Committee must review any proposed use of restraint 	Alignment	Alignment	Alignment	Alignment	Alignment

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement HCBS Setting Requirements	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider controlled settings)
(h) Include an assurance that interventions and supports will cause no harm to the individual	Behavioral Support Guidelines Sec 2; Sec 3; Attachment A, B, C, D, E ISA Guidelines All sections	<ul style="list-style-type: none"> Guidelines are built on a framework of positive behavior supports with the purpose of fostering growth and maximizing independence, health, and safety. Guidelines include a clear description of prohibited practices and critical incident reporting and monitoring. A local Professional Review Committee must review any plan that is not agreed to by the participant and/or any plan that restricts a right guaranteed under the DD Act. A Statewide Human Rights Committee must review any proposed use of restraint 	Alignment	Alignment	Alignment	Alignment	Alignment

Appendix B: Person Centered Planning Requirements and Vermont Regulation and Policy Crosswalk

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement - Person Centered Process	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider Controlled Settings)
1. Includes people chosen by the individual and led by person or legal rep where possible	Title 18 VSA 206A §8721, 8723 -8724, 8726, 8728 VT State System of Care Plan Sec. II; Sec. III ISA Guidelines All sections ISA Basic Form VCDMHS Needs Assessment Health and Wellness Guidelines Emergency Fact Sheet Guidelines for Quality Review of DDS: Outcomes and Indicators Administrative Rules on Agency Designation Sec 4.9; 4.13	<ul style="list-style-type: none"> Choice and consumer participation in the person-centered planning process and decision making is a foundational value of the DD Act, its regulations, and the all DS policy guidelines. 	Alignment	Alignment	Alignment	Alignment	Alignment
2. Provides necessary information and support to ensure that the individual	Title 18 VSA 206A §8721, 8723 -8724, 8726, 8728 DD Act Regulations	<ul style="list-style-type: none"> The DD Act requires autonomy, choice, and informed decisions, with accessibility of materials and information to support meaningful choice and decision making. 	Alignment	Alignment	Alignment	Alignment	Alignment

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement - Person Centered Process	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider Controlled Settings)
directs the process to the maximum extent possible, and is enabled to make informed choices and decisions	Sec. 2.14, 4.4, 4.5, 4.8, 4.9, 4.10, 5, 10.4, 10.6, 10.7, 10.12 VT State System of Care Plan Sec. 1 II, III; Sec. 2 III, IV; Sec 3 I, II, Sec 4 I, II D. Appendix A ISA Guidelines All sections Guidelines for Quality Review of DDS Participant Interview; Outcomes and Indicators Administrative Rules on Agency Designation Sec 4.9; 4.13 DCF Residential Treatment Licensing Regulations Sec 521, 524, 526 TCR Licensing Regulations	<ul style="list-style-type: none"> The SOCP outlines a screening process that includes informing persons of all services and support options as part of the application process. ISA guidelines include provisions for monitoring plans and services to ensure that needs are being met and personal goals are being pursued to the maximum extent possible. DCF Residential Licensing Regulations provide that the setting must involve the child and family and must have documented evidence of their involvement in the plan of care development and of informed consent. TCR standards require that the person be involved and direct their treatment goals and participate in their assessment of progress. 					

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement - Person Centered Process	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider Controlled Settings)
	Sec 5.7, 5.10 b (3) Sec VI						
3. Is timely, occurs at times and locations of convenience to the individual	ISA Guidelines All sections ISA Basic Form	<ul style="list-style-type: none"> ISA's must be completed within 30 days of funded services starting. ISA guidelines indicate that the consumer directs the planning and timing of all initial plans and any update and reviews through the ISA development and QDDP monitoring process. 	Alignment	Alignment	Alignment	Alignment	Alignment
4. Reflects cultural considerations of the individual and is conducted by providing information in plain language and accessible to individuals with disabilities and persons who are limited English proficient	ISA Guidelines All sections ISA Basic Form DAIL Policy on Education and Support of Sexuality Guidelines for Quality Review of DDS: Outcomes and Indicators VCDMHS Needs Assessment Administrative Rules on Agency Designation Sec 4.9 DCF Residential Treatment Licensing Regulations	<ul style="list-style-type: none"> The DD Act requires services to respect participants' rights, strengths, values, and preferences and encourage them to create, direct, and participate in their written plan to the fullest extent possible. ISA and other materials support plans that tell a person's story in a manner that is commensurate with the person's words and supports, using terms and language that the participant can understand. All units of government within the Agency of Human Services are also required to follow the Agency's policies and practices on assuring services are provided in an accessible manner for participants who have Limited English Proficiency. DCF Residential Treatment Licensing Regulations provide that planning must respect the cultural heritage and religious preferences of the child and family and that information must be culturally competent and linguistically accessible to the child and family. Additionally, staff must be trained in cultural competence and family engagement. 	Alignment	Alignment	Alignment	Alignment	Alignment

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement - Person Centered Process	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider Controlled Settings)
	Sec 201, 414-17, 526, 621						
5. Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants	Title 18 VSA 206A §8727 DCF Residential Treatment Licensing Regulations Sec 201, 202, 511,	<ul style="list-style-type: none"> DD Act requires that a variety of conflict resolution strategies be available including formal grievance and appeals and complaints processes, mediation, and arbitration. The DD Act also includes a provision for “next friend” which recognizes grievances and complaints brought forward on behalf of an individual who may not be capable to initiate a process on their own. The DDS grievance and appeal process requires adherence to Medicaid Managed Care grievance and appeal rules under the GC demonstration. DCF Residential Licensing Regulations provide for complaint and grievance processes and written documentation that the child and family have received information regarding the process and how to request advocacy and other support for reporting and resolving complaints. 	Partial Conflict of interest guidelines are not explicit	Partial Conflict of interest guidelines are not explicit	Partial Conflict of interest guidelines are not explicit	Partial Conflict of interest guidelines are not explicit	Partial Conflict of interest guidelines are not explicit
6. Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual	Title 18 VSA 206A §8727 Administrative Rules on Agency Designation Sec. 4.15 MCO Grievance and Appeal Rules	<ul style="list-style-type: none"> VT Statute provides for the designation and certification of Developmental Service Agencies to serve specific geographic regions of the State or to provide specialized support to specific populations. Participants may choose where to receive their case management services from among approved providers and may choose a single agency for all services. 	Partial Conflict of interest guidelines are not explicit Guidelines regarding	Partial Conflict of interest guidelines are not explicit Guidelines regarding	Partial Conflict of interest guidelines are not explicit	Partial Conflict of interest guidelines are not explicit	Partial Conflict of interest guidelines are not explicit

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement - Person Centered Process	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider Controlled Settings)
<p>must not provide case management or develop the person-centered service plan, <u>except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.</u> In these cases, the State must <u>devise conflict of interest protections including separation of entity and provider functions within provider entities,</u> which must be approved by CMS. Individuals must be</p>		<ul style="list-style-type: none"> • DDS rules provide for persons to receive support from independently practicing Qualified Developmental Disabilities Professionals (QDDP's). • Participants may choose to self, family or surrogate-manage their services or may choose a shared agency management with a provider certified by DDS. • Participants choosing shared living receive case management from a host agency. The host agency is responsible for facilitating an acceptable match of shared living setting, contracting with the home provider on the participant's behalf, and developing a person-centered plan between the home provider and the recipient. The host agency is responsible for oversight of the care plan and following up on any client concerns with the home, plan, or other services. • Staffed and supervised living may be in the participant's home or a home operated by a provider agency. • Regulations require a quality assurance/quality improvement process that includes provisions for participant complaints, appeals, fair hearings, including alternative dispute resolution processes and provider performance monitoring. • The DDS grievance and appeal process requires adherence to Medicaid Managed Care grievance and appeal rules under the GC demonstration. 	separation of functions within entities are not explicit	separation of functions within entities are not explicit	Guidelines regarding separation of functions within entities are not explicit	Guidelines regarding separation of functions within entities are not explicit	Guidelines regarding separation of functions within entities are not explicit

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement - Person Centered Process	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider Controlled Settings)
provided with <i>a clear and accessible alternative dispute resolution process</i>		<ul style="list-style-type: none"> Case Managers cannot be financially responsible or related to the person. 					
7. Offers informed choices to the individual regarding the services and supports they receive and from whom	Title 18 VSA 206A §8721, 8723 -8724, 8726, 8728 VT State System of Care Plan Sec. 1 II, III; Sec 2 III, IV; Sec. 3 ISA Guidelines -All sections Guidelines for Quality Review of DDS: Outcomes and Indicators Administrative Rules on Agency Designation Sec 4.9; 4.13; 4.14	<ul style="list-style-type: none"> Choice and consumer participation in the person-centered planning process and decision making is a foundational value of the DD Act, its regulations, and the all DS policy guidelines. 	Alignment	Alignment	Alignment	Alignment	Alignment
8. Includes a method for the individual to request updates to the plan as needed	ISA Guidelines All sections ISA Basic Form	<ul style="list-style-type: none"> ISA guidelines indicate that the consumer directs the planning and timing of all initial plans and any update and review s through the ISA development and QDDP monitoring process. 	Alignment	Alignment	Alignment	Alignment	Alignment

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement - Person Centered Process	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider Controlled Settings)
9. Records the alternative home- and community-based settings that were considered by the individual	ISA Guidelines All sections	<ul style="list-style-type: none"> Regulations and Designation/Certification standards provide for participants' choice, strengths, and preferences and informed decision making; however, documentation of what services were considered in the planning is not specifically mentioned. 	Silent	Silent	Silent	Silent	Silent
10. Reflect that the setting in which the individual resides is chosen by the individual.	ISA Guidelines All sections ISA Basic Form Guidelines for Quality Review of DDS: Outcomes and Indicators	<ul style="list-style-type: none"> Regulation and certification standards provide for participants' choice, strengths, and preferences and informed decision making. ISA guidelines support documentation of all strengths and preferences. 	Alignment	Alignment	Alignment	Alignment	N/A
11. Reflect the individual's strengths and preferences	ISA Guidelines All sections ISA Basic Form DAIL Policy on Education and Support of Sexuality VCDMHS Needs Assessment Guidelines for Quality Review of DDS: Outcomes and Indicators	<ul style="list-style-type: none"> Regulation and certification standards provide for participants' choice, strengths, and preferences and informed decision making. ISA guidelines support documentation of all strengths and preferences. DCF Residential Treatment Licensing Regulations provide that planning must respect preferences of the child and family. Additionally, staff must be trained in best practices that include, but are limited to: positive behavioral support, cultural competence and family engagement. 	Alignment	Alignment	Alignment	Alignment	Alignment

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment				
42 CFR HCBS Requirement - Person Centered Process	DDS Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Shared Living (1-2 persons)	Supervised Living (1-2 persons)	Staffed Living (1-2 persons)	Group Living (3-6 persons)	Group Community Supports (Provider Controlled Settings)
	Administrative Rules on Agency Designation Sec 4.9; 4.13; 4.14 DCF Residential Treatment Licensing Regulations Sec 201, 202, 414-417, 611, 621,						
12. Reflect needs identified through functional assessments	ISA Guidelines All sections VCDMHS Needs Assessment Guidelines for Quality Review of DDS: Outcomes and Indicators DCF Residential Treatment Licensing Regulations Sec 507 TCR Licensing Regulations Sec 5.3, 5.7, Sec VI	<ul style="list-style-type: none"> Guidelines provide for service and person-centered plans to be based on functional assessments, strengths, preferences, and supports that maximize independence. DCF Residential Licensing Regulation provide that referrals must be based on comprehensive assessments and include developmental, social, behavioral, medical psychological, and any special needs. TCR standards require that all intakes include detailed history, all applicable assessment and medical information. 	Alignment	Alignment	Alignment	Alignment	Alignment
13. Include individually identified goals and desired outcomes	ISA Guidelines All sections	<ul style="list-style-type: none"> Guidelines provide for service and person-centered plans to be based on functional assessments, strengths, preferences, and supports that maximize independence. 	Alignment	Alignment	Alignment	Alignment	Alignment

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	DAIL Policy on Education and Support of Sexuality	<ul style="list-style-type: none"> ISA Guidelines support the identification of individually identified goals and desired outcomes. 					
14. Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports	ISA Guidelines All sections ISA Basic Form VCDMHS Needs Assessment	<ul style="list-style-type: none"> ISA Guidelines call for plans to reflect all goals, actions steps, persons responsible (paid and unpaid), and target dates. 	Alignment	Alignment	Alignment	Alignment	Alignment
15. Reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed.	ISA Guidelines All sections Behavioral Support Guidelines All sections Emergency Fact Sheets Critical Incident Reporting Requirements	<ul style="list-style-type: none"> ISA and Behavioral Support guidelines call for assessment of risk and require participant agreement prior to implementation. Agencies are required to maintain Emergency Fact Sheets which proactively outline responses to crisis 	Alignment	Alignment	Alignment	Alignment	Alignment
16. Be understandable to the individual	ISA Guidelines All sections ISA Basic Form	<ul style="list-style-type: none"> ISA Guidelines call for plans to be written in 'Plain English' using terms and language that the participant can understand. 	Alignment	Alignment	Alignment	Alignment	Alignment

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receiving services and supports, and the individuals important in supporting him or her (written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient)	AHS Limited English Proficiency Policy Administrative Rules on Agency Designation Sec 4.9 DCF Residential Treatment Licensing Regulations Sec 201, 202, 526	<ul style="list-style-type: none"> All units of government within the Agency of Human Services are also required to follow the Agency's policies and practices on assuring services are provided in an accessible manner for participants who have Limited English Proficiency. DCF Residential Licensing Regulations require that all policies and written plans of care are linguistically accessible to the child and family and are explained in a manner understandable to the child and family. 					
17. Identify the individual and/or entity responsible for monitoring the plan	ISA Guidelines All sections ISA Basic Form Behavioral Support Guidelines	<ul style="list-style-type: none"> ISA Guidelines call for all persons responsible (formal and informal supports) to be noted in the plan. 	Alignment	Alignment	Alignment	Alignment	Alignment
18. Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation	ISA Guidelines All sections ISA Basic Form Behavioral Support Guidelines All sections Administrative Rules on Agency Designation	<ul style="list-style-type: none"> All plans require participant and/or guardian agreement prior to implementation. Plans must also be assigned by a Qualified Developmental Disability Professional (QDDP). 	Alignment	Alignment	Alignment	Alignment	Alignment

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	Sec 4.9; 4.13; 4.14						
19. Be distributed to the individual and other people involved in the plan	ISA Guidelines All sections ISA Basic Form Behavioral Support Guidelines All sections	<ul style="list-style-type: none"> ISA Guidelines call for distribution to the participant and members of the planning team and/or family with the participant's consent. 	Alignment	Alignment	Alignment	Alignment	Alignment
20. Include those services, the purpose or control of which the individual elects to self-direct	ISA Guidelines All sections ISA Basic Form	<ul style="list-style-type: none"> Self, surrogate, family or shared management of any service must be documented in the ISA. 	Alignment	Alignment	Alignment	Alignment	Alignment
21. Prevent the provision of unnecessary or inappropriate services and supports	ISA Guidelines All sections Behavioral Support Guidelines All sections VCDMHS Needs Assessment VT State System of Care Plan Sec. 2 IV, Sec 3, Sec 4 DD Act Regulations Sec. 4.10	<ul style="list-style-type: none"> Funding decisions and final approval by DAIL include a review to ensure services are coordinated and responsive to the individual's needs and are not duplicative or unnecessary. ISA Guidelines require ongoing review and adjustments to plans as needed. Agencies are required to conduct reviews of needs whenever significant changes occur or at least annually to ensure appropriate level of services and supports are being provided. 	Alignment	Alignment	Alignment	Alignment	Alignment

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22. The person-centered service plan must be reviewed, and revised upon reassessment, at least every 12 months, when the individual's circumstances or needs change significantly, or at the request of the individual	Residential Care Home Licensing Regulations Sec. 5.7, 5.9(c) ISA Guidelines All sections ISA Basic Form Behavioral Support Guidelines All sections VCDMHS Needs Assessment Periodic Review Tool DD Act Regulations Sec. 4.10	<ul style="list-style-type: none"> ISA requires, at minimum, an annual review or when circumstances change. Participants may specify more frequent reviews during the ISA development based on their preference. 	Alignment	Alignment	Alignment	Alignment	Alignment
Modifications to any of the home and community setting requirements are documented: See settings rule crosswalk in Appendix A.							